



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O. H. METALS				Location 1002 OSWEGO ST.		Date 2/7/87																					
Facility Equipment	Detour Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other GATE & TRAILER - KEYS																						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) OFC. FELIX			Officer—Swing Shift (Name) OFC. DEL VECCHIO			Officer—Night Shift (Name) MICHAEL ROWE																				
Shift			Shift			Shift			Shift																				
Began 8 AM			Ended 4 AM			Began 4 AM			Ended 12 PM			Began 12 PM			Ended 8 AM														
Observations or actions taken			Yes	No	Explanation			Yes	No	Explanation			Yes	No	Explanation														
Rounds or stations missed				✓					✓					✓															
Unlocked doors, gates or windows				✓					✓					✓															
Unlocked vaults or safes				✓					✓					✓															
Fire-smoke or hazards				✓					✓					✓															
1. Extinguishers missing or defective				✓					✓					✓															
2. Sprinkler system defective				✓					✓					✓															
3. Fire doors or exits blocked				✓					✓					✓															
4. Rubbish accumulation				✓					✓					✓															
5. Motors running				✓					✓					✓															
6. Lights left burning				✓				✓	As required					✓															
Injury hazards				✓					✓					✓															
Visitors Capt. Miller was here 3:15 PM left									✓					✓															
Trespassing weekly time sheets & left 3:20 PM.									✓					✓															
Violation of company rules				✓					✓					✓															
Remarks																													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																													
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Night Shift		1.		2.		3.					
		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Night Shift		1.		2.		3.					
		Kenneth Felix								OFC. DEL VECCHIO								MICHAEL ROWE											
Signatures		2.								2.								2.											
Signatures		3.								3.								3.											

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